



**King County**  
**Department of Permitting**  
**and Environmental Review**  
 35030 SE Douglas Street, Suite 210  
 Snoqualmie, WA 98065-9266  
**206-296-6600** TTY: Relay: 711  
[www.kingcounty.gov](http://www.kingcounty.gov)

## Critical Areas Designation Application

For alternate formats, call 206-296-6600.

### Background/General Information

The critical areas designation process establishes conditions and constraints on site development (King County Code (KCC) 21A.24.500). Through this process a property owner can establish a site plan that will be vested for a period of five years. The scope of the process can be adapted to meet the property owner's needs. Options include:

1. Limited Scope Critical Areas Designations – address only a portion of the property, as requested by the applicant.
2. Comprehensive Critical Areas Designations – address all critical areas in the proposed development area.

For more information, see Permitting Customer Information Bulletin 21, *Critical Areas Review*, available via the Department of Permitting and Environmental Review (Permitting) Web site at [www.kingcounty.gov/permits](http://www.kingcounty.gov/permits), or request a copy of the bulletin by telephone at 206-296-6600.

### Application Requirements

The following information is required at the time a Critical Areas Designation is requested:

1. A completed Critical Areas Designation Application Form. (See page 2 of this document.)
2. If the request for site designation is for less than the entire parcel, clearly show the area to be evaluated on the site plan.
3. Fees. Fees vary with the quantity of parcels included in the application and the type of critical areas present on the parcels. A minimum fee amount of \$1,379 per parcel is due at application submittal. The fees may be adjusted based upon the findings of site visits or County review of consultant studies or other parcel information that confirm either the absence of any critical area or the presence of critical areas that requires review by multiple disciplines. Any additional fees due must be paid prior to receiving formal designation. Any excess fees paid will be refunded upon completion of formal designation.

If available, please submit any surveys of the site or special studies, including site plans showing the location of features, geotechnical studies, or wetland reports.

### Site preparation

Prior to application, the property boundaries must be clearly flagged. If the site designation request is for only a portion of the property, the boundaries of the area covered by the request must be flagged prior to the initial site investigation. Failure to clearly flag the property may result in increased costs and delays in completing the site designation.

## Critical Areas Designation Application

**For Permitting Use - Application Number assigned:** \_\_\_\_\_

Parcel Number: \_\_\_\_\_ (one parcel per application)

Address of proposed work: \_\_\_\_\_ ☐ address not assigned yet  
(if not assigned yet, check box at right)

Related permit number(s): \_\_\_\_\_

Provide a brief description of the purpose of site designation:

Portion of parcel to evaluate: ☐ The entire parcel  
☐ Only a portion of the property (*must* include site plan showing specific location of review. Include all areas within 200 feet of any proposed development within the area for review.)

**Property Owner:**

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

**Applicant Name:**

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

**Contact/Agent Name:**

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

**Critical Area Compliance:**

The undersigned applicant declares:

I am the legal owner of this parcel, or have obtained permission from the legal owner for King County staff to access the site.

I certify under penalty of perjury and under the laws of the State of Washington the forgoing is true and correct. **I accept financial responsibility for all fees** associated with this permit, approval or application and will receive any refunds. Please mail any refunds to the address above. I also understand that signing and submitting this application authorizes Permitting staff to inspect the site at any reasonable time for the purpose of reviewing this application.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_